

Ambulance Service

Darnall's Ambulance Service – no charge, when available and if medically appropriate

Civilian Ambulance:

Prime – \$20 co-payment

Extra – 20% of contracted fee

Standard – 25% of TRICARE allowable charge

Catastrophic Cap

Retirees and their family members have a catastrophic cap of \$3,000 per year. This means once you have paid a total of \$3,000 for a fiscal year (1 Oct – 30 Sept), you are not responsible for any more of the TRICARE maximum allowable charges. However, you may still be responsible for additional health care costs. See your Health Benefits Advisor at the TRICARE Service Center.

Veterans' Administration Eligibility

If you are a VA patient, tell the medical staff immediately. If you must be transferred, the staff may coordinate your transfer to the VA, rather than to a civilian hospital.

Civilian Emergencies

Civilians brought to Darnall for emergency care will be personally billed for any service provided by Darnall's Emergency Department (emergency treatment, transport service, or admission). Civilians are responsible for all ambulance service charges. Civilians are not authorized non-emergency care at Darnall.



Medicare Eligible Patients

There are no charges for services provided by Darnall's Emergency Department or ambulance service. If you are transferred to a civilian hospital, Medicare is billed for the civilian care. Civilian ambulance services are billed to Medicare. There is no guarantee Darnall's ambulance service will be available when a patient must be transferred.

Dependent Parents and Parent-in-laws

Dependent parents and parent-in-law will not incur any charges if seen in the Darnall ED or admitted to Darnall. They will be personally billed for any care or service provided by a civilian hospital or ambulance service unless they have other health insurance.

Dollar amounts in this brochure are accurate as of October 2009, and are subject to change each year on October 1.

For more information, contact one of the Business Operations Division's Health Benefits Advisors, 288-8155.

Carl R. Darnall Army Medical Center
36000 Darnall Loop
Fort Hood, Texas 76544
254-288-8005



Understanding Your Financial Obligations

Beneficiaries

Usually, beneficiaries do not have to pay for outpatient care at military hospitals. However, there are times when you must pay a reasonable portion of the cost of care. You can expect to pay some costs if you visit Darnall's Emergency Department and are admitted to the hospital or if you are transferred to a civilian hospital for further medical care. Transfers to civilian hospitals are based on medical necessity, not on financial considerations.

Active Duty Service Members

Active-duty service members pay 0 per day subsistence fee when admitted to a military hospital. The service member pays nothing if he/she is transferred to a civilian facility and becomes an inpatient.

Family Members of Active Duty

Family members who go to a civilian emergency department may incur costs that include the annual deductible (fiscal year 1 Oct -30 Sept), the emergency room care, ambulance service, and hospital fees. The following costs apply depending on the TRICARE option you have chosen:

Deductible

Prime – No deductible for Active-duty family members.

Standard or Extra

E-4 and below: \$50 per person or \$100 per family

E-5 and above: \$150 per person or \$300 per family

Civilian Emergency Room Service Co-payment

Extra – 15% of contracted fee

Standard – 20% of TRICARE allowable charge

Hospital Admission for Active-duty Family Member

Military Hospital:

Prime – \$0

Extra/Standard – \$16.30 per day

Civilian Hospital (This applies even if Darnall refers you to the civilian hospital.):

Prime – \$0

Extra/Standard – \$16.30 per day or \$25 minimum

Ambulance Service

Darnall's Ambulance Service – no charge, when available and if medically appropriate.

Civilian ambulance:

Prime – \$0

Extra – 15% of contracted fee

Standard – 20% of TRICARE allowable charge

Catastrophic Cap

Family members of active duty have a catastrophic cap of \$1,000 per year. This means once you have paid a total of \$1,000 for a fiscal year (1 Oct – 30 Sept), you are not responsible for any more of the TRICARE maximum allowable charges. However, you may still be responsible for additional health care costs. See your Health Benefits Advisor at the TRICARE Service Center.

Retiree/Retirees Family Members

Retirees and retiree family members under age 65 who go to a civilian emergency department incur costs that include the annual deductible (fiscal year 1 Oct – 30 Sept), the emergency room care, ambulance service, and hospital fees. The following costs apply depending on the TRICARE option you have chosen:

Deductible

Prime – No deductible

(There is an annual enrollment fee)

Extra and Standard – \$150 per person or \$300 per family

Emergency Room Care

Prime – \$30 co-payment

Extra – 20% of contracted fee

Standard – 25% of TRICARE allowable charge

Hospital Admission

Military Hospital

Retired enlisted – \$0

Retired officers – \$16.30 per day

Other beneficiaries – \$16.30 per day

Civilian Hospital (This applies even if Darnall refers you to the hospital.)

Prime – \$11 per day or \$25 minimum

Extra – \$250 per day or 25% of institutional services, plus 20% of professional charges

Standard – \$645 per day or 25% of institutional services, plus 25% of professional charges